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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 09/761,893			ing Date 17/2001	☐ To be Mailed
APPLICATION AS FILED – PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY											
	FOR	N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A	1	N/A		1	N/A	
	SEARCH FEE (37 CFR 1 16(k), (i),	or (m))	N/A		N/A		N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		N/A			N/A	
	FAL CLAIMS CFR 1.16(i))		minus 20 =		•		x s =		OR	x s =	
	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =			1	X \$ =		1	X \$ =	
□APPLICATION SIZE FEE (37 CFR 1.18(s)) If the specification and drawings exceed 100 sheets of pager, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1,16(j))									l		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL			TOTAL	
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY											
AMENDMENT	03/01/2013	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	- 20	Minus	·· 24	= 0		X \$31 =	0	OR	X \$ =	
	Independent (37 CFR 1.16(h))	• 1	Minus	3	= 0	1	X \$125 =	0	OR	X \$ =	
	Application Size Fee (37 CFR 1.16(s))										
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(ji))								OR		
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
ENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())		Minus	**	-		x \$ =		OR	x s =	
Ω	Independent (37 CFR 1 16(h))		Minus	***	-]	X \$ =		OR	X \$ =	
AMENDMENT	Application Size Fee (37 CFR 1.16(s))]					
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(ii))								OR		
TOTAL ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3 TOTAL OR ADD'L FEE Legal Instrument Examiner: ANGE A JOHNSON ANGE A JOHNSON											
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, onter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1,											

The considered of information is equilibred, by the first of the considered of the c ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.